

Please note: This form must be completed in full and notarized.

Property ID # \_\_\_\_\_

**Table of Heirship** for \_\_\_\_\_, Deceased

Date of Death: \_\_\_\_\_

	FIRST	MIDDLE	(MAIDEN)	LAST	Birth	Date of Death
<b>1. Spouse of the Deceased</b>	3 <sup>rd</sup>					
	2 <sup>nd</sup>					
	1 <sup>st</sup>					
<b>2. Children of the Deceased</b>	1 <sup>st</sup>					
	2 <sup>nd</sup>					
	3 <sup>rd</sup>					
	4 <sup>th</sup>					
	5 <sup>th</sup>					
	6 <sup>th</sup>					
<b>3. Grandchildren of the Deceased</b>	1 <sup>st</sup>					
	2 <sup>nd</sup>					
	3 <sup>rd</sup>					
	4 <sup>th</sup>					
	5 <sup>th</sup>					
<b>4. Parents of the Deceased</b>	Father:					
	Mother:					
<b>5. Brothers and Sisters of the Deceased</b>	1 <sup>st</sup>					
	2 <sup>nd</sup>					
	3 <sup>rd</sup>					
	4 <sup>th</sup>					
	5 <sup>th</sup>					
<b>6. Children of the Deceased Brothers and Sisters</b>	1 <sup>st</sup>					
	2 <sup>nd</sup>					
	3 <sup>rd</sup>					
	4 <sup>th</sup>					
	5 <sup>th</sup>					

The undersigned claimant, being duly sworn, certifies under perjury that the above information is true and correct to the best of his or her knowledge, and that said claimant has full authority to act on behalf of the other claimants for the purpose of completing the above information.

PLEASE PRINT FULL NAME \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

State of California, County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_ (seal)